CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Dianne	МІ	OFFICE USE ONLY
	NICKNAME LAST	SUFFIX	Date Received
	Edmondson		
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / PO BOX; APT / SUITE #; Denton	STATE; ZIP CODE TX 76207	
ADDRESS Change of Address			
	AREA CODE PHONE NUMBER	EXTENSION	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	EATENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST Bob	MI	Receipt # Amount \$
NAME	NICKNAME LAST		Date Processed
	Edmondson		Date Imaged
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SU	JITE #; CITY; STATE;	ZIP CODE
TREASURER ADDRESS		Denton TX	76207
(Residence or Business)			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15 30th day before e		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD	Month Day Year	Month	Day Year
COVERED	10 /28 /2018		31 / 2018
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary	Runoff Other Description	
	11 /06 /2018 General	Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known County Commissioner P	
	GO ТО	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME			15 Filer ID (Ethics Commission Filers)
Dianne Edmondson			
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANE	IOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPEND DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE V DISSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT TH URES.	ITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		I POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER TH ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMI	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,899.00
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, SITEMIZED	\$.00
	4. TOTAL	POLITICAL EXPENDITURES	\$ 18,054.28
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST PORTING PERIOD	DAY \$.00
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD	\$ 16,341.70
18 AFFIDAVIT			
		true and correct and includes all in under Title 15, Election Code 0-0F99-4E4	Partium to at the accompanying report is required to be reported by me 7-8ADD-EEDAO 0 - 04:02:43
		Signal ye of Car	didate or Officeholder
AFFIX NOTARY STAM	P/SEALABOVE	The state of the s	
Sworn to and subsc	ribed before me, l	by the said	, this the
day of	, 20,	to certify which, witness my hand and seal of office	
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Co.	mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$\$3,899.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$\$0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$\$0.00
4.	SCHEDULE E: LOANS		\$\$0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$\$14,779.04
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$\$0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$\$0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$\$3,275.24
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	NDS	\$\$0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$\$0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$\$0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT RETURNED TO FILER	IONS	\$\$0.00

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Dianne Edmondson 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:_ 11/08/2018 \$500.00 **Everette Newland** 6 Contributor address; City; State; Zip Code Denton TX 76207 Principal occupation / Job title (See Instructions) Employer (See Instructions) Realtor/Broker Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) 11/08/2018 Political Action Committee of PACHECO Koch \$1,000.00 City; State; Zip Code Contributor address; Dallas TX 75231 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) 11/08/2018 Gilbert Bragg \$500.00 Contributor address; City; State; Zip Code TX 78731 Austin Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Self Date Full name of contributor ut-of-state PAC (ID#:_ Amount of contribution (\$) 10/03/2018 \$100.00 Wesley Ownby State; Zip Code Contributor address; City; Arlington TX 76013 Employer (See Instructions) Principal occupation / Job title (See Instructions) Consultant Ownby Consulting

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Dianne Edmondson 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:_ 10/03/2018 \$500.00 Dalton Allen 6 Contributor address; City; State; Zip Code Denton ΤX 76205 Principal occupation / Job title (See Instructions) Employer (See Instructions) Realtor Realty Team Full name of contributor Date ut-of-state PAC (ID#:_ Amount of contribution (\$) 10/29/2018 Mona Bailev \$500.00 City; State; Zip Code Contributor address; N Richland TX 76180 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) 11/22/2018 Marcus Moffitt \$250.00 Contributor address; City; State; Zip Code 76210 TX Denton Employer (See Instructions) Principal occupation / Job title (See Instructions) **Denton County Appraisal Office** Appraiser Date Full name of contributor ut-of-state PAC (ID#:_ Amount of contribution (\$) 10/12/2018 \$500.00 Dianne Costa State; Zip Code Contributor address; City; Highland TX 75077 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Original Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

(Credit Card Payment	The Instru	ction Guide expl	ains how to d	complete this form.	outer (onto a dategory not noted above)
1	Total pages Schedule F1:	2 FILER NAME Dianne Edmondson				3 Filer ID (Ethics Commission Filers)
4	Date 10/31/2018	5 Payee name Campaign Direct				
6	Amount (\$) \$1,500.00	7 Payee address; PO Box 84263	City; State; Pearland	Zip Code TX	77584	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categorie ConsultingExpense	s listed at the top of th	nis schedule)		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeho	older name		Office sought	Office held
	Date 11/15/2018	Payee name Citibank				
	Amount (\$) \$5,685.31	Payee address; P O Box 790046	City; State; St Louis	Zip Code MO	63179	
	PURPOSE OF EXPENDITURE	Category (See Categorie CreditCardPayment	s listed at the top of th	nis schedule)		tside of Texas. Complete Schedule T. , TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeho	older name		Office sought	Office held
	Date	Payee name				
	11/16/2018	Bob Edmondson				
	Amount (\$) \$1,750.00	Payee address; 8913 Crestview Dr	City; State; Denton	Zip Code TX	76207	
	PURPOSE OF EXPENDITURE	Category (See Categorie LoanRepaymentRei	•	nis schedule)		ntside of Texas. Complete Schedule T.
	Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeh	older name		Office sought	Office held
		ATTACH ADDI	TIONAL COPIL	S OF THIS	SCHEDULE AS NE	EDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to o	complete this form.
1 Total pages Schedule F1:	2 FILER NAME Dianne Edmondson	3 Filer ID (Ethics Commission Filers)
4 Date 11/17/2018	5 Payee name RR Republican Club	
6 Amount (\$) \$50.00	7 Payee address; City; State; Zip Code 9501 Ed Robson Blvd Denton TX	76207
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
Date 11/28/2018	Payee name Paypal	
Amount (\$) \$57.30	Payee address; City; State; Zip Code North First Street San Jose CA	95131
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
12/03/2018	Jean Dukate	
Amount (\$) \$185.00	Payee address; City; State; Zip Code 4601 Brookwoods Houston TX	77092
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) AdvertisingExpense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F1	2 FILER NAME Dianne Edmondson	3 Filer ID (Ethics Commission Filers)
4 Date 12/03/2018	5 Payee name Dixie Berry	
6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 2077 Switzer Rd Sanger TX	76266
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) AdvertisingExpense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
Date 12/31/2018	Payee name Shelli Hammons	
Amount (\$) \$600.00	Payee address; City; State; Zip Code 1416 Sandy Creek Dr Denton TX	76205
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EventExpense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
12/24/2018	Citibank	
Amount (\$) \$3,051.43	Payee address; City; State; Zip Code PO Box 790046 St Louis MO	63179
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CreditCardPayment	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F1:	2 FILER NAME Dianne Edmondson	3 Filer ID (Ethics Commission Filers)
4 Date 11/12/2018	5 Payee name FLAG	,
6 Amount (\$) \$1,700.00	7 Payee address; City; State; Zip Code 9501 Ed Robson Blvd Denton TX	76207
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EventExpense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
Date 12/31/2018	Payee name TSRW	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 8913 Crestview Dr Denton TX	76207
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/Donations Made B Candidate/Officeholder/Politica		Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F4:	2 FILER NAME Dianne Edmondson		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED 1	OACREDIT CARD	\$ \$0.00
5 Date 11/30/2018	6 Payee name Lambert Studios		
7 Amount (\$) \$62.10	8 Payee address; City; State; 2 1501 Martin Creek Dr Little Elm	Zip Code TX 76227	
9 TYPE OF EXPENDITURE	Political	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this AdvertisingExpense	Check if	travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought	Office held
Date 11/03/2018	Payee name Del Friscos Grille		
Amount (\$) \$230.00	Payee address; City; State; Zi Southlake Town Square Southlake	Zip Code TX 76092	
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this Other	Check if	travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NE	EDED

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/Donations Made E Candidate/Officeholder/Politica	al Committee Le	ft/Awards/Memorials Expense gal Services [The Instruction Guide explain	Printing Expense Salaries/Wages/C	Contract Labor	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F4:	2 FILER NAM	· · ·			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IIZED EXPEN	DITURES CHARGED	TOACREDI	TCARD	\$ \$0.00
5 Date 11/03/2018	6 Payee nam Kroger	ne			
7 Amount (\$) \$55.95	8 Payee add 3400 FM 407		•	3226	
9 TYPE OF EXPENDITURE	✓ Polit	ical	Non-Political		
10 PURPOSE OF EXPENDITURE	(a) Category Other	See Categories listed at the top of the	nis schedule)	=	travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/O		ate / Officeholder name	Office :	sought	Office held
Date 11/03/2018	Payee nan				
Amount (\$) \$29.68	Payee add	City; State; Denton	•	6201	
TYPE OF EXPENDITURE	✓ Polit	ical	Non-Political		
PURPOSE OF EXPENDITURE	Category Other	See Categories listed at the top of th	nis schedule)	\equiv	travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name	Office	sought	Office held
	ATTACH A	ADDITIONAL COPIES (OF THIS SCHE	DULE AS NE	EDED

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/Donations Made B Candidate/Officeholder/Politica	al Committee Legal Services	Printing Expense Salaries/Wages/Contract Labor ns how to complete this form.	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F4:	2 FILER NAME Dianne Edmondson		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IIZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$ \$0.00
5 Date 11/04/2018	6 Payee name Kroger		
7 Amount (\$) \$24.53	8 Payee address; City; State; 3400 FM 407 E Bartonville	Zip Code TX 76226	
9 TYPE OF EXPENDITURE	✓ Political	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of the Other	Check if	on f travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date 11/04/2018	Payee name Saltgrass		
Amount (\$) \$140.75	Payee address; City; State; 801 TX 121 Lewisville	Zip Code TX 75067	
TYPE OF EXPENDITURE	✓ Political	Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of the Other	Check if	on f travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES (OF THIS SCHEDULE AS NE	EDED

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking
Consulting Expense
Contributions/Donations Made By

Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Candidate/Officeholder/Politica		Other (enter a category not listed above)
	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F4:7	2 FILER NAME Dianne Edmondson	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ \$0.00
5 Date 11/07/2018	6 Payee name Denton County GOP	
7 Amount (\$) \$2,080.00	8 Payee address; City; State; Zip Code 2921 Country Club Dr Denton TX 76210 #102	
9 TYPE OF EXPENDITURE	Political Non-Political	
10	(a) Category (See Categories listed at the top of this schedule) (b) Descrip	tion
PURPOSE OF EXPENDITURE	ContributionsDonationsMadeByCandidateCom mittee	k if travel outside of Texas. Complete Schedule T.
11 Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name Office sought	Office held
Date 11/17/2018	Payee name Denton County GOP	
Amount (\$) \$250.00	Payee address; City; State; Zip Code 2921 Country Club Rd Denton TX 76210 #102	
TYPE OF EXPENDITURE	Political Non-Political	
PURPOSE OF EXPENDITURE		tion k if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	IEEDED

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Contributions/Donations Made B Candidate/Officeholder/Politica		e)
1 Total pages Schedule F4:7	2 FILER NAME Dianne Edmondson 3 Filer ID (Ethics Commission File	rs)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CREDIT CARD \$ \$0.00	
5 Date 11/29/2018	6 Payee name Northwest Metroport Chamber of Commerce	
7 Amount (\$) \$35.00	8 Payee address; City; State; Zip Code 600 Byron Nelson Blvd Roanoke TX 76262	
9 TYPE OF EXPENDITURE	Political Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name Office sought Office held	
Date 10/25/2018	Payee name Miller Media Holdings LLC	
10/25/2018 Amount (\$)	Miller Media Holdings LLC Payee address; City; State; Zip Code	
10/25/2018 Amount (\$) \$240.00	Miller Media Holdings LLC Payee address; City; State; Zip Code 6101 Long Prairie Rd Flower Mound TX 75028	
10/25/2018 Amount (\$) \$240.00 TYPE OF EXPENDITURE PURPOSE OF	Miller Media Holdings LLC Payee address; City; State; Zip Code 6101 Long Prairie Rd Flower Mound TX 75028 Political Non-Political Category (See Categories listed at the top of this schedule) Description AdvertisingExpense Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held	
10/25/2018 Amount (\$) \$240.00 TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE Complete ONLY if direct	Miller Media Holdings LLC Payee address; City; State; Zip Code 6101 Long Prairie Rd Flower Mound TX 75028 Political Non-Political Category (See Categories listed at the top of this schedule) Description AdvertisingExpense Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held	

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/Donations Made B Candidate/Officeholder/Politica							
1 Total pages Schedule F4:	2 FILER NAME Dianne Edmondson 3 Filer ID (Ethics	Commission Filers)					
4 TOTAL OF UNITEM	MIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ \$0.00						
5 Date 10/29/2018	6 Payee name John Cornyn for US Senate						
7 Amount (\$) \$25.00	8 Payee address; City; State; Zip Code 517 Hart Senate Office Washington DC 20510 Bldg						
9 TYPE OF EXPENDITURE	✓ Political Non-Political						
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ContributionsDonationsMadeByCandidateCom mittee (b) Description Check if travel outside of Texas. Com Check if Austin, TX, officeholder						
11 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held							
Date 12/31/2018	Payee name Super Save						
12/31/2018 Amount (\$)	Super Save Payee address; City; State; Zip Code						
12/31/2018 Amount (\$) \$12.50	Super Save Payee address; City; State; Zip Code 904 W 1st Street Justin TX 76247						
12/31/2018 Amount (\$) \$12.50 TYPE OF EXPENDITURE PURPOSE OF	Super Save Payee address; City; State; Zip Code 904 W 1st Street Justin TX 76247 Political Non-Political Category (See Categories listed at the top of this schedule) AdvertisingExpense Description Check if travel outside of Texas. Com Check if Austin, TX, officeholder	living expense					
12/31/2018 Amount (\$) \$12.50 TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE Complete ONLY if direct	Super Save Payee address; City; State; Zip Code 904 W 1st Street Justin TX 76247 Political Non-Political Category (See Categories listed at the top of this schedule) AdvertisingExpense Description Check if travel outside of Texas. Com Check if Austin, TX, officeholder	living expense					

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/Donations Made E Candidate/Officeholder/Politic		Gift/Awards/Mer Legal Services		Printing Expense Salaries/Wages/		Travel Out Of District Other (enter a category not listed above)	
		The Instruct	ion Guide explai	ns how to compl	ete this form.		
1 Total pages Schedule F4:7	2 FILER Diann	NAME e Edmondson				3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEM	IIZED EXP	ENDITURE	S CHARGED	TOACRED	IT CARD	\$ \$0.00	
5 Date 12/31/2018	6 Payee Office D						
7 Amount (\$) \$89.73	8 Payee 2300 San	address; Jacinto Blvd	City; State; Denton	•	3205		
9 TYPE OF EXPENDITURE	V	Political		Non-Political			
10	(a) Categ	ory (See Categorie	s listed at the top of th	nis schedule)	(b) Descrip	tion	
PURPOSE		tExpense	·	,		k if travel outside of Texas. Complete Schedule T.	
OF	LVCII	LEXPENSE				·	
EXPENDITURE					Chec	k if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/C		ndidate / Office	holder name	Office	sought	Office held	
Date	Payee	name					
Amount (\$)	Payee	address;	City; State;	Zip Code			
TYPE OF EXPENDITURE		Political		Non-Political			
	Categ	ory (See Categorie	s listed at the top of th	nis schedule)	Descrip	tion	
PURPOSE					Chec	k if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE					Chec	k if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C		ndidate / Office	holder name	Office	sought	Office held	
							_
							_
	ATTA	CH ADDITION	NAL COPIES (OF THIS SCHE	EDULE AS N	IEEDED	